

REVIEWS

PRESENT STERILIZING PRACTICE IN SIX HOSPITALS. (Pp. 75. 5s.) London: The Nuffield Provincial Hospitals Trust, 1958.

THERE has been prominence recently in the medical press on sterilization methods in hospitals, and it is becoming increasingly recognized that all is not well with steam-pressure sterilizers and sterilization procedures in many of our hospitals.

This report by an operational research team of the Nuffield Provincial Hospitals Trust, on sterilizing practice in six British hospitals, observed over a period of eighteen months, does nothing to allay misgivings about the widespread inefficiency of equipment and procedures. The six hospitals selected for the investigation were a London teaching hospital, three provincial hospitals, and two cottage hospitals. Sterilizing procedures were observed and autoclaves were tested, and the report indicates the need for hospital authorities to examine as a matter of urgency existing equipment and present methods of sterilization in wards, operating theatres, and autoclave rooms.

In the section dealing with hospital wards, "utility rooms" are criticized—too near to wards, used for disposal of soiled dressings, inadequate storage accommodation, contamination of dressing drums, instrument dishes, and Cheatle forceps from open windows and excessive traffic. Many drums were found to be unsatisfactory due to perforation and damage to lids, catches, hinges, and ports; linings were unsuitable, and not laundered or replaced regularly, and some drums were too tightly packed. Twenty-nine out of 161 (18 per cent.) swabs taken of sterilized equipment were found to be unsterile. Bed-pan washing was unsatisfactory, but has a satisfactory bed-pan washer that washes *and* cleanses yet been designed? The various methods used to pack and sterilize syringes left much to be desired and a Central Syringe Service is strongly recommended.

In operating theatres some structural and ventilating defects are noted, with infrequent washing of walls and fixed equipment. Theatre staff were, however, found to be more sterilization-minded than ward staff.

Sterilizing equipment and practice in the autoclave room are severely criticized—bad siting, unhygienic conditions, poor ventilation, unsuitable personnel, and lack of responsible control. Out of seventeen large autoclaves tested eight were functioning satisfactorily, four were of doubtful efficiency, and four were clearly unsatisfactory. The main causes of inefficiency were faulty installation, or more commonly faulty operation. One of the most unsatisfactory features of autoclaves was air filtration, and the finding that 38 per cent. of swabs taken from the inside of sterilized drums yielded bacterial growth is attributed to recontamination after sterilization.

After having detailed the many serious faults in current sterilizing practice, the report deals in the final section with recommendations for immediate improvements which may be introduced at no great cost, and without prejudice to long-term planning. The six main proposals are—(1) To improve the working of existing autoclaves; (2) to eliminate hospital drums and introduce a substitute (the team recommends cardboard cartons, but not all would agree, and it is surprising that there is no mention of packs wrapped in a double layer of fabric, universally employed in the United States and now coming into use in this country; (3) to improve methods for sterilization of syringes; (4) to raise the standard of current sterilizing practices; (5) to better the methods for (a) the disposal of dirty dressings and linen, and (b) providing bed-pans which are socially clean; and (6) to define responsibility.

The report contains many photographs of defective equipment and ward scenes which illustrate some of the faults and problems.

This report gives much food for thought, and should be read by all concerned with hospital sterilization equipment and practices and the supervision thereof—this includes medical nursing, engineering, and administrative staff.

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